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Country programme document

Equatorial Guinea

Summary

The country programme document (CPD) for Equatorial Guinea is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$4,390,000 from regular resources, subject to the availability of funds, and \$13,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

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Programme rationale

1. Equatorial Guinea has seen substantial socioeconomic progress in the past 15 years thanks to rapid economic growth in the oil sector, which accounts for 60 per cent of gross domestic product (GDP) and 80 per cent of fiscal revenue.¹ During this economic boom, the prevalence of monetary poverty decreased from 77 per cent in 2006 to 44 per cent in 2011, and the proportion of people living in extreme poverty declined from 33 to 14 per cent in the same period.² However, with the decline in oil prices, the GDP averaged negative growth from 2010 to 2016, with an estimated contraction of 4.4 per cent in 2017 and 8.5 per cent in 2018.³ Equatorial Guinea is classified as an upper middle-income country but its 2015 ranking of 135 out of 188 countries on the human development index is low compared to countries with the same income per capita.⁴

2. The 2015 census estimated the population at 1.2 million, with 72 per cent living in the continental region and 28 per cent in the insular region. The population is young, with 43 per cent under age 18. The population doubled in the past 15 years and the rate of urbanization has accelerated, with an estimated 70 per cent of the population living in urban areas. Remarkable progress has been made in health infrastructure and access to services, but quality remains a challenge. The under-five mortality rate (U5MR) declined from 191 to 91 per 1,000 live births between 1990 and 2016,⁵ which shows insufficient progress compared with other sub-Saharan African countries. The main causes of child mortality are related to preventable diseases such as malaria, acute respiratory infections (ARI), diarrhoea and AIDS. Neonatal mortality represents 50 per cent of infant mortality, with the main causes being low birth weight and neonatal sepsis.⁶ The maternal mortality ratio decreased from 1,600 to 290 per 100,000 live births between 1990 and 2013;⁷ however, one third of pregnant women do not deliver at health facilities.⁸

3. During the first phase of the National Economic and Social Development Plan, 2008-2012, known as *Horizonte 2020*, the Government made considerable efforts to improve the socioeconomic infrastructure, although investment in human capital has lagged behind, representing only 14 per cent of total government investments. The Government had planned to invest in social sectors, emphasizing the improvement of national capacity during the second phase of the plan, 2013-2020. The plan, however, is being reoriented to align with the 2030 Agenda for Sustainable Development and the African Union Agenda 2063, and will focus more on poverty reduction, social inclusion, environmental sustainability and economic diversification (industrialization and productivity).

4. The development of evidence-based national policies and plans is hampered by the ineffectiveness of information management systems. The Government is working to improve the availability of reliable and timely routine information on social indicators. However, epidemiological and social data are not systematically collected and updated. The Government has been working on a significant number of laws, policies, strategies and plans (family code, social protection legislation, a bill on customary marriage, a gender-based violence law, national health regulations, a

¹ International Monetary Fund, 2016.

² National report on the Millennium Development Goals, 2015.

³ International Monetary Fund, 2018.

⁴ United Nations Development Programme, *Human Development Report, 2016*, New York, 2016.

⁵ UNICEF, *Levels and Trends in Child Mortality Report, 2017*, New York, 2017.

⁶ Ministry of Health and Social Well-being, Ministry of Planning, Economic Development and Public Investment and ICF International, *Demographic and Health Survey, 2011*, United States.

⁷ National Report on the Millennium Development Goals, 2015.

⁸ Demographic and Health Survey, 2011.

national health development plan, national policies on child health and nutrition, and child health and malaria strategic plans), which have not yet been approved/ratified.

5. The national health system has some persistent challenges: 60 per cent of the population live within five kilometres of a health centre but there are significant disparities in access and quality of care. The Government guarantees financing for procurement of essential supplies, including cold chain equipment. Free services include immunization, growth monitoring and treatment of malaria, tuberculosis, HIV and AIDS. However, delays in the release of funds often lead to stock depletion and service disruptions throughout the health system.

6. According to the Multiple Overlapping Deprivation Analysis (MODA) 2014, up to 20 per cent of children under-five years of age show multiple deprivations in health and water, sanitation and hygiene (WASH), and 56 per cent do not have access to adequate food. A recent survey indicates that malaria affects 55 per cent of children under-five years of age in the continental region.⁹ Diagnosis, treatment and outpatient care for malaria are free only on Bioko island where prevalence is low at 8 per cent, while the rate is 46 per cent in the continental region. Health promotion and community engagement remain limited, particularly knowledge and awareness of services and demand. Despite the high level of awareness of the dangers of malaria, only 62 per cent of children with fever attend a health centre. Health-seeking behaviour is also low in the case of diarrhoea (40 per cent) and ARI (54 per cent). According to the Demographic and Health Survey (DHS) 2011, important barriers to medical care for women include lack of money (56 per cent) and distance to a health centre (41 per cent).

7. A 2016 evaluation of the Expanded Programme on Immunization (EPI) found that only 24 per cent of all children under 12 months of age received all recommended vaccines, in contrast with the 1990s when the country had one of the highest immunization rates in sub-Saharan Africa. Recent data indicate some improvement in immunization, with coverage for three doses of pentavalent increasing from 36 per cent in 2016 to 47 per cent in 2017. Forty-five of the 65 vaccination units are adequately equipped, but the routine immunization system is affected by critical bottlenecks such as suboptimal epidemiological surveillance, inadequate data management and limited effective vaccine management. There is a clear need for an advanced EPI strategy to reach every community, reduce dropouts and strengthen community mobilization and demand creation. The Government currently finances all vaccine costs, but extra effort is required to secure financing of all EPI components (including cold chain management, vaccine distribution, training, etc.) in the national budget.

8. HIV prevalence is estimated at 6.2 per cent among people aged 15 to 49 years (8.3 per cent among women compared to 3.7 per cent among men); the highest rate is in West and Central Africa. Prevalence among adolescents and young people aged 15 to 24 years is 3 per cent (5 per cent in females and 1 per cent in males). In 2008, according to sentinel surveillance surveys, 7.3 per cent of pregnant women were living with HIV (4.4 per cent aged 15 to 19 years); the rate increased to 12.7 per cent, according to the sentinel surveillance data for 2015. Only 43 per cent of people living with HIV and AIDS receive treatment, and 90 per cent of pregnant women living with HIV receive antiretroviral treatment (ART) to prevent mother-to-child transmission (PMTCT). Only 16 per cent of children (0 to 14 years old) living with HIV receive ART. The main bottlenecks are limited decentralization of the HIV programme management, poor access to early infant diagnosis, limited family testing approaches, and insufficient uptake of HIV preventions interventions, due to limited

⁹ Malaria Survey, Ministry of Health, 2017.

comprehensive knowledge of HIV and high levels of stigma and discrimination surrounding HIV and AIDS.

9. According to the DHS 2011, 26 per cent of children under-five years old are stunted and 3.1 per cent are wasted, while 10 per cent are overweight. Although 81 per cent of mothers initiate breastfeeding immediately after birth, only 7 per cent of children are exclusively breastfed for six months. The main diet, which was previously based on products from agriculture, fishing and hunting, now consists largely of processed and frozen products. This has resulted in micronutrient deficiencies, particularly of vitamin A, and anaemia in two thirds of children. This situation is linked with social and cultural norms, poor health promotion, the mother's educational level, diseases and low access to safe drinking water and sanitation.

10. Access to safe drinking water and sanitation facilities has shown some improvements; however, 22 per cent of urban households depend on unimproved water services. Access to at least basic drinking water services for rural households has decreased from 41 to 31 per cent. The country is characterized by a low open defecation rate estimated at 4 per cent. Nevertheless, only 57 per cent of households have access to hand-washing facilities. Seventy-two per cent of preschools and primary schools do not have access to drinking water while 90 per cent have latrines. The main bottlenecks are the lack of both a water and sanitation policy and a sustainable institutional and regulatory framework.

11. Access to preschool is free and compulsory, and each district and municipality in the country now has a preschool. Enrolment has increased significantly in the last 15 years. In the 2015-2016 school year, there were 51,824 students in 931 preschools, an increase of 23 per cent from the previous year, with an equal number of girls and boys. The rate of students attending preschool education is higher in urban areas (75 per cent) than in rural areas (25 per cent). The increase in preschool enrolment has been largely covered by the private sector, with 58 per cent of students enrolled in private schools. Only 8 per cent of preschool teachers are qualified, 19 per cent are volunteers and 93 per cent are female.

12. Primary education is free and compulsory for all children between six and 12 years of age. Data from the United Nations Educational, Scientific and Cultural Organization indicate a gross enrolment rate of 61 per cent in primary education for 2015, including children with disabilities. There is near gender equality (50.4 per cent boys and 49.6 per cent girls). In 2015, 102,812 students were enrolled in primary education, an increase of 10 per cent compared to the previous year. The repetition rate in primary education is high, with 17 per cent of students having repeated during the 2015-2016 school year (boys: 55 per cent; girls: 45 per cent), one third of them occurring in grade one. Fifty-nine per cent of all students are over-age for their grade level. The completion rate in 2016 was estimated at 72 per cent with gender parity. Only 51 per cent of teachers have received formal education and 55 per cent are male. The Ministry of Education is addressing this key bottleneck with a newly designed teacher training programme in partnership with the private sector and UNICEF.

13. Children face several protection issues. According to the DHS 2011, 54 per cent of births were registered with disparities between urban and rural areas (60 per cent/47 per cent) and the insular region compared to the continental region (73 to 47 per cent). Bottlenecks for birth registration include: absence of services at the district level (there are only eight centres at the provincial level, including a central registry at the Ministry of Justice); no civil registration and vital statistics (CRVS) system or custom of registering children at birth; and lack of training of registration staff at different levels. The number of adolescents and young people in conflict with the law has increased since the economic boom due to the lack of education and employment opportunities and substance abuse. Nine per cent of girls are married before age 15

and 30 per cent before age 18. Violence against women and girls is widespread, with 63 per cent of 15-year-old girls having suffered physical violence while 32 per cent of women report having been victims of sexual violence. According to the DHS 2011, 53 per cent of women agree that the use of violence by men towards their wives is justified.

14. An important lesson learned from the current programme is that the limited generation of new data and evidence on child rights issues has hampered both advocacy efforts for government approval of equity and gender-based policies and legislation and the ability to leverage resources for children. Regarding child protection, reviews of the current programme identified the need for systems strengthening and harmonization of policies and legislation focusing on birth registration, juvenile justice, child marriage and violence and exploitation against children and girls in particular.

15. UNICEF will use the comparative advantage of its mandate, field presence, position as a trusted Government partner, capacity to influence partners and position as United Nations lead in several joint programmes, to work on policy support and programme implementation through two interrelated programme components, one focusing on child protection and equity and the other on child survival, development and learning.

Programme priorities and partnerships

16. The United Nations Development Assistance Framework (UNDAF), 2019-2023 and the UNICEF country programme, 2019-2023 are fully aligned with the second phase of Horizonte 2020, which will be reoriented to focus on human capital development in the context of the Sustainable Development Goals and the African Union Agenda 2063. The country programme will contribute to UNDAF outcomes related to: quality basic services; a sustainable social protection system; national legislation in line with international standards; and an efficient governance system for the management of public resources.

17. After several years of economic transformation and focus on infrastructure development, the country has recognized the need to implement a more equitable social agenda in a constrained economic environment. This is an opportunity for UNICEF, through the proposed country programme, 2019-2023 to use its position as a leading advocate to place child rights at the centre of the national development agenda through policy advice, partnerships, public campaigns and support to social movements. The vision for the proposed programme of cooperation is to contribute to the realization of the rights of every child, especially the most marginalized and vulnerable, in line with national priorities, the 2030 Agenda, the Convention on the Rights of the Child and the UNICEF Strategic Plan, 2018-2021. The programme strategies include advocacy, policy support, capacity development and partnerships to accelerate results for children. The country programme will leverage South-South and triangular cooperation through knowledge exchange, sharing of good practices and bilateral agreements with the Central African Economic and Monetary Community, Community of Portuguese Language Countries and selected Latin American countries.

18. The programme of cooperation will include two integrated and interdependent programme components to optimize the synergy between policy advice and programme implementation. The child protection and equity programme will focus on policy, advocacy and system strengthening to address bottlenecks in the enabling environment. The child survival, development and learning programme will advocate that all children, particularly those in underserved areas, have equitable access to

quality health and education services, and will promote essential family practices through an integrated district approach.

19. In line with the common chapter of the Strategic Plan, 2018-2021 and other joint initiatives, the programme will strengthen joint programming and partnerships with other United Nations organizations – the United Nations Development Programme, the World Health Organization, the Food and Agricultural Organization of the United Nations, the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund (UNFPA) – to address poverty and climate change; improve adolescent and maternal health; achieve gender equality and empower women and girls; and support greater availability and use of disaggregated data for sustainable development. The programme will leverage the resources of private sector bilateral and multilateral partners (the European Union and the World Bank) and bilateral partners for the social sector. The programme will develop innovative partnerships to generate and promote data and knowledge on child rights with civil society, including national and regional academic institutions, media organizations and youth movements.

Child protection and equity

20. This programme component has one outcome related to the establishment of a legal and regulatory framework fit for children: to improve the social well-being of the most vulnerable boys and girls through the development of equitable social and child protection systems and policies.

21. A major focus will be on generating and utilizing up-to-date, disaggregated data and research as the basis for advocacy for government adoption and implementation of equity-based laws, policies, strategies and plans, complemented by adequate budgetary allocations, in line with the changing focus of Horizonte 2020. Advocacy efforts will focus in particular on increasing investment and leveraging resources for critical social sectors (health and education), improving the efficiency of public spending (including through a public expenditure tracking survey) and putting children at the centre of the development agenda. UNICEF will support the development of an effective social protection policy and institutional framework, including a single registry system, and the piloting of a cash transfer programme for demonstration, learning and replication purposes. It will establish a national child protection system (birth registration, juvenile justice, prevention of violence against children) in line with international standards. In support of these efforts, the country programme will engage civil society organizations (CSOs) and social movements to improve social accountability and to better connect with adolescents and young people, including through social media, and will work to leverage resources for child rights through innovative financing with the private sector.

22. Because there has been no major household survey since the DHS 2011, UNICEF and UNFPA will support the completion of a major survey such as a DHS or the Multiple Indicator Cluster Survey (MICS) before the end of 2019 in order to establish a solid baseline. UNICEF will also support strengthening of routine data management systems for education, health, social protection and birth registration through capacity-building, including for alignment with international standards and methodologies, and the promotion of innovative tools in partnerships with academia, financial institutions (the World Bank, and the International Monetary Fund) and the United Nations system.

Child survival, development and learning

23. Despite an increase in service offer, quality and demand have not translated into faster paced reduction of child mortality, improved learning outcomes and a higher

rate of birth registration or other expected results for children. This programme component will therefore address inequalities of investments within the social sector, prioritizing the continental region (via the UNICEF field presence in Bata) and focusing on health and education system strengthening, modelling an integrated approach in selected underserved districts. This "child-friendly district" strategy will integrate services to promote sustainable quality, creating evidence to influence policy advocacy for national scale-up. It will also employ effective community engagement to create demand for quality services and promote essential family practices to strengthen community resilience. The integrated services will address the main causes of child morbidity and mortality and contribute to the regional key results for children related to immunization plus, birth registration and learning outcomes.

24. The programme will support the Government to ensure that health centres in selected districts are able to provide an integrated package of health services to the most vulnerable, including adolescent girls. The main interventions for improving access to quality health services in these districts will include: (a) immunization plus (integrating routine vaccination with services such as birth registration, vitamin A supplementation, deworming, screening for malnutrition and treatment for diarrhoea); (b) support for expansion of the national malaria programme to the continental region, focusing on prioritized districts for delivery of insecticide-treated nets (ITNs) and case management; (c) quality PMTCT services (expansion of option B+, improved paediatric treatment, early infant diagnosis, family HIV testing and integrating viral load analysis to improve case management); (d) HIV prevention, with specific focus on adolescents and young people through comprehensive interventions to empower and reduce their vulnerability while increasing their access to HIV prevention and sexual reproductive health services; and (e) promotion of improved nutrition practices (infant and young child feeding, micronutrient supplementation for pregnant adolescent girls, and behavioural change communication for improving dietary diversity for all young children and adolescents).

25. The education component will focus on supporting the Government to improve learning outcomes at preschool and primary levels and with a focus on adolescent girls who are still in primary school. UNICEF will advocate for quality learning for all children through curriculum review and learning assessments. The programme will also work to increase the number of qualified teachers by supporting the Ministry of Education to scale up the teacher training programme into a national policy framework for pre-service and in-service diplomas for preschool and primary school teachers. The programme will use the Child Friendly Schools Initiative as one of the main approaches to improve the learning environment, strengthen community participation in schools and raise awareness of climate change. The programme will provide schools in selected districts with girl-friendly WASH facilities, coupled with hand-washing promotion and menstrual hygiene management. Efforts at the national level to establish a national WASH standard for schools and institutions will complement this intervention. UNICEF will also advocate that pregnant teenage girls be allowed to continue their education.

26. In terms of generating demand for services, interventions will focus on: (a) strengthening and scaling up communication for social behavioural change through advocacy, awareness-raising dialogue at community levels and public campaigns and social movements and; (b) supporting caregivers, families and communities nationwide to adopt essential family practices through innovative communication tools, including traditional and social media.

Programme effectiveness

27. This component aims to ensure that the country programme is managed efficiently, that its components are well coordinated and that cross-sectoral interventions for gender, policy advocacy, emergency preparedness and response, behaviour change communication and monitoring and evaluation are well integrated. Achieving the programmatic outcomes will require strong coordination among different areas, especially between policy support and implementation, district-level coordination of services and an integrated, systemic approach to addressing the enabling environment, bottlenecks to access and demand and sociocultural norms.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child protection and equity	1 025	4 000	5 025
Child survival, development and learning	1 500	7 650	9 150
Programme effectiveness	1 865	1 350	3 215
Total	4 390	13 000	17 390

Programme and risk management

28. The United Nations country team (UNCT) and the Government will establish a policy steering committee, supported by a technical group, to provide strategic orientation to the UNDAF and monitor the contribution of the United Nations system to national development priorities and targets. In addition, the UNCT will establish thematic and working groups aligned with the UNDAF outcomes.

29. The main external risks relate to the global economy and its impact on Equatorial Guinea. Because the country is classified as an upper middle-income country, due to its oil-dependent economy, it is difficult to attract funds from traditional donors, even though the economy is vulnerable to the volatility of the international market. This presents a risk that the country programme may not reach its target for other resources. UNICEF will build on its strong partnership with the Government, which co-funds the programme of cooperation through the UNDAF, to maintain its financial support in spite of the current challenging economic context.

30. The programme's overarching mitigating strategies are creative resource mobilization and partnerships, including with the Government and private sector, and advocacy and policy dialogue focused on equity for children. This partnership will be supported by: (a) reinforcing collaboration with other United Nations organizations and bilateral and multilateral partners, including through South-South and triangular cooperation; (b) mobilizing and leveraging resources and capacities from bilateral agencies and multilateral institutions, including regional development banks; (c) garnering the support of UNICEF National Committees; (d) forging partnerships with academic institutions at national and regional level; and (e) strengthening links with the private sector. UNICEF will also explore alliances with youth movements using innovative tools and social media, particularly focusing on health, education and protection as a means of developing a broader movement for children in Equatorial Guinea.

31. The fast pace of population growth and urbanization has put additional pressure on the health and education system. The country's vulnerability to the potential outbreak of epidemics is a risk, which will be mitigated by strengthening routine

immunization and promoting good hygiene practices. An inefficient education system combined with limited economic growth and job creation could potentially foster youth unemployment and weaken social cohesion, increasing the number of out-of-school children and minors in conflict with the law. The programme will promote equitable access to quality education and innovative initiatives with adolescents and young people in sports, the arts and new technology. UNICEF will develop an emergency preparedness plan and, in case of an emergency, will collaborate with the Government, United Nations organizations and CSOs for resource mobilization and response.

32. This country programme document outlines UNICEF contributions to national results and serves as a primary accountability unit to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at country, regional and headquarters levels, with respect to the country programme, are prescribed in the UNICEF programme and operations policies and procedures.

Monitoring and evaluation

33. Monitoring and evaluation of the country programme is described in the results and resources framework, the Integrated Monitoring and Evaluation Plan and the costed evaluation plan. UNICEF will carry specific evaluations to document the effectiveness and efficiency of strategies and assess the scalability of district models as they relate to immunization, PMTCT, social protection schemes and child-friendly community models. In addition, the programme will conduct at least two major surveys (MICS/DHS in 2019 and 2023 and the Standardized Monitoring and Assessment for Relief (SMART) in 2019) during this cycle to establish a solid baseline and assess final results. The programme will support the development of national and district capacities for sector management information systems (education, health, social protection and birth registration) by strengthening administrative data processes and real-time data collection (the District Health Information System, RapidPro, U-Report). Other relevant studies and research will gather evidence to inform more inclusive policies.

34. The Ministry of Foreign Affairs and Cooperation and the Ministry of Finance, Economy and Planning are responsible for the overall coordination of the country programme, with key line ministries, departments and agencies implementing activities identified in the results and resources frameworks of the multi-year work plans. At mid and end year, the programme will be reviewed in line with the indicators and performance targets of the UNDAF and CPD. A midterm review of the country programme will assess the UNICEF contribution to the national development agenda.

Annex

Results and resources framework

Equatorial Guinea – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 2 to 40.					
National priorities: 1. Strengthen human capital to improve the quality of life of the population of Equatorial Guinea (Sustainable Development Goals 2, 3, 4, 6); 2. Quality governance at the service of citizens of Equatorial Guinea (Sustainable Development Goals 1, 5, 10, 16, 17).					
UNDAF outcomes involving UNICEF: 1.1. By 2023, the population of Equatorial Guinea has better access to -- and better use of -- basic quality services in health, drinking water, sanitation and education in an inclusive manner, with equity and the achievement of gender equality; the human resources in the social sector of Equatorial Guinea have acquired capacities for the development of sectoral programmes through capacity building in science, technology and innovation. 1.2. By 2023, Equatorial Guinea has a sustainable social protection system that meets the needs of vulnerable people (children, pregnant women, young people, the elderly and people with disabilities) through a regulatory framework and multi-sectoral programmes and projects. 3.1. By 2023, state institutions have harmonized national legislation in accordance with international law in order to contribute to the strengthening of the rule of law, through the modernization of the judicial system and through education in human rights. 3.2. By 2023, state Institutions have an efficient system for management of public resources based on standards, procedures, programmes and reliable data on public and economic policies based on evidence, which increase the participation of CSOs in the process of strengthening the effective functioning of state institutions.					
Outcome indicators measuring change that includes UNICEF contribution: Under-five mortality rate; maternal mortality rate; poverty rate; social sector expenditure; HIV/AIDS prevalence; stunting rate; enrolment rate; gender parity in enrolment; and birth registration.					
Related UNICEF Strategic Plan, 2018–2021 goal area: 1-5					
UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)
1. By end 2023, the social well-being of the most vulnerable boys and girls is improved through the provision of equitable social and child protection systems, policies and legislation fully harmonized with the	Percentage of children living in extreme poverty. B: 14% (2011) T: 7% (2023)	DHS/MICS/MODA	1.1. Evidence-based social policies, legislation, strategic plans and data systems are developed and adopted in line with equity-for-children principles, gender equality and risk-informed programming. 1.2. The national social protection system is strengthened and consolidated to address the needs and	Office of the Prime Minister Ministry of Finance, Economy and Planning	1 025
	Percentage of spending in education, health and social protection benefiting the poorest quintile. B: 14% (2016)	Public expenditures tracking Horizonte 2020 reports			
					4 000
					5 025

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
Convention on the Rights of the Child.	T: 30% Percentage of children living in households that receive any type of social transfers. B: N/A T: 14% Proportion of children under five years of age whose births have been registered with a civil authority, by age. B: 54% (2011) T: 85 %	Evaluation of social protection programme Service statistics DHS/MICS	foster the resilience of the most disadvantaged families and empower adolescents. 1.3. A national child protection system (birth registration, juvenile justice, prevention of violence against children) is established and in line with international standards.	Ministry of Social Welfare and Gender Equality Ministry of Justice Parliamentarians United Nations organizations Private sector CSOs			
	Percentage of children vaccinated for diphtheria/tetanus/pertussis (DTP) 3/Penta 3. B: 48% (2017) T: 80% Number of districts with at least 80% coverage of DTP3/Penta 3. B: 4/18 Target: 14/18 Percentage of children under five years of age that are stunted. B: 26% (2011) T: 15% Percentage of the 15 to 24-year-old population that is HIV positive (disaggregated by sex). B: 5% girls/1% boys T: 3% girls/0.5% boys Paediatric ART coverage. B: 16% T: 50% F/MCT coverage. B: 92%	EPI evaluation reports Ministry of Health statistics DHS/MICS SMART Global AIDS Monitoring Report	2.1. Health centres in selected districts are able to provide an integrated package of health services (health, nutrition, HIV, immunization plus) to the most vulnerable, including adolescent girls. 2.2. Young children, boys, girls and adolescents are able to access early learning, gender-equitable, inclusive learning outcomes in a safe and clean environment in line with early childhood development and child-friendly school approaches. 2.3. Households and communities in selected districts promote child-friendly practices to improve inclusive and equitable survival, development and protection for girls, boys and adolescents.	Ministry of Health Ministry of Education	1 500	7 650	9 150
	2. By 2023, boys and girls, especially the most disadvantaged and vulnerable, have better and more equitable access to and use of basic social services (health, HIV, nutrition, WASH, education and early childhood development), including in emergency situations.						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country (in thousands of United States dollars)		
					RR	OR	Total
3. By 2023, programme coordination, partnerships, performance management and monitoring strengthened.	T: 95%						
	Percentage of primary school age children who are out of school. B: N/A T: 10%	Ministry of Education statistics					
	Percentage of primary school children showing improvements in learning outcomes. B: 72% (2016) T: 85%	Ministry of Education statistics					
	Percentage of households that declare having adopted key essential family practices. Exclusive breastfeeding: B: 7% T: 30% Hand-washing: B: 57% T: 70% Sleeping under ITN: B: 23% T: 50% Adolescent knowledge of HIV/AIDS: B: 57% girls; 61% boys T: 90%	Knowledge, attitude and practice survey MICS/DHS					
	Percentage of direct cash transfers > nine months. B: < 1% T: < 1%	Harmonized approach to cash transfer reports	3.1. Staff and partners are provided guidance, tools and resources to effectively design, monitor and manage programmes.	United Nations organizations UNICEF regional office and headquarters Implementing partners	1 865	1 350	3 215
	Number of initiatives that engage civil society partners and/or coalitions to advocate together with UNICEF for children. B: five programme cooperation agreements (PCA) signed per year T: eight PCAs/year	Virtual Integrated System of Information and Results Assessment Module reports	3.2. Staff and partners are provided tools, guidance and resources for more effective advocacy, communication and partnership on child rights.				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	Business operation strategies implemented. B: No T: Yes	UNCT Reports					
	Fundraising per year. B: \$1,500,000 T: \$2,600,000	Vision reports					
Total resources					4 390	13 000	17 390